

Case Number:	CM15-0080675		
Date Assigned:	05/01/2015	Date of Injury:	01/21/2013
Decision Date:	06/02/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47 year old female, who sustained an industrial injury on January 21, 2013. She has reported wrist pain, hand pain, and arm pain. Diagnoses have included reflex sympathetic dystrophy, carpal tunnel syndrome, and lesion of the median nerve. Treatment to date has included medications, functional restoration program, stellate ganglion blocks, home exercise, carpal tunnel release, and imaging studies. A progress note dated April 7, 2015 indicates a chief complaint of bilateral wrist pain radiating to the forearms with numbness and tingling, and severe, intractable right upper extremity pain. The treating physician documented a plan of care that included stellate ganglion blocks with Biers blocks.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Bilateral Sgb's With Biers Blocks X3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biers Block Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bier's Block Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Bier's block.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, bilateral stellate ganglion block with Bier's block times three is not medically necessary. Intravenous regional sympathetic blocks (for RSD/CRPS) are not recommended due to lack of evidence for use. There is no role for IV diagnostic blocks with phentolamine or IVRA with guanethidine. Due to modest benefits and the invasiveness of the therapy, intravenous sympathetic blocks with bretylium should be offered only after careful counseling and should be followed by intensive physical therapy. There is very limited scientific evidence to support this treatment, although it is recommended as an option in certain cases when there are no other alternatives. Any additional blocks must be based on objective evidence of improvement. In this case, the injured worker's working diagnoses are right upper extremity complex regional pain syndrome; status post right carpal tunnel release; left carpal tunnel syndrome; and possible early left upper extremity complex regional pain syndrome. The documentation indicates the injured worker has received multiple stellate ganglion blocks and Bier's block. Documentation, however, does not contain evidence of objective functional improvement of those prior injections. Additionally, ganglion blocks are not recommended according to the Official Disability Guidelines and have limited evidence to support their use with most studies being case studies. Documentation from April 22, 2014 progress note shows the injured worker received two sets of sympathetic blocks. The symptoms of swelling were temporarily relieved and then recurred. The worker was unable to continue with physical therapy or have additional blocks due to lack of authorization for treatment. The most recent blocks in March 2013 were the most effective. Blocks led to decreased swelling in the right hand, increased mobility of the thumb and index finger and decrease neuropathic sensitivity. Consequently, absent clinical documentation with objective functional improvement of prior stellate ganglion blocks with very limited scientific evidence to support this treatment, bilateral stellate ganglion block with Bier's block times three is not medically necessary.